PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, OR DIVORCED (UTITE the word)  5. ALTE OF BIRTH (MONTH, DAY, AND VEAR) 7. AGE YEARS MONTHS DAYS 11 LESS than 1 day, hre- down miles and selected causes of importance were as follow work was done, as spinner, sawyer, bookkeeper, etc.  5. Trade, profession, or particular work was done, as spinner, and the work was done, as sith mill; as we mill, beak, etc.  10. Date deceased last worked at spanning sawyer, bookkeeper, etc.  11. Total time (years)	WAN TO 193/ BUREAU OF	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
(a) Residence, No.  Length of readence, No.  Length of readence, No.  Length of readence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Single, MARRIED, WIDOWED, OR  DIVORCES (CITY OR TOWN)  5. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DATS  11. Total time (year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. SHIFTHPLACE (CITY OR TOWN)  16. SHIFTHPLACE (CITY OR TOWN)  17. INFORMANT  18. SHAPEN NAME  19. Industry or business in which work was done, as signmen, which work was done, as signmen, work was done, as signmen, which work was done, as signmen, work was done, as signmen, which work was done, as signmen, work was done, as signmen, which were as all the properties of death and related causes of importance were as foliow to the principal causes of death and related above, at W. J.	County Registration Dist	tion District No. 6. 3.36	Registered No
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (urife the word)  COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (urife the word)  SA. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF  COLOR OR DIVORCED  COLOR OR DIVORCED  COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (urife the word)  COLOR OR SINGLE MARRIED, WIDOWED, OR DIVORCED (urife the word)  SA. IF MARRIED, WIDOWED, OR DIVORCED  COLOR OR DIVOR	(a) Residence, No	(If nor	
SA. HEMARRID. WIDOWED, OR DIVORCED COUNTERS AND SEASON OF CORN WIFE OF COUNTRY)  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS DAYS IT LESS than I day,	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND	D YEAR) D ~ / 3 .193/
8. Trade, profession, or particular kind of work done, as spinner.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  (STATE OR COUNTRY)  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  19. UNDERTAKER  10. Date of mill.  20. Country  10. Date of injury.  Nature of injury.  Nature of injury.  11. Was disease or injury in any way reinted to occupation of deceased? Multiply under the particular of deceased? Multiply under the part	HUSBAND OF Com Stiel Cland	I last saw h alive on to have occurred on the date stated s	7, to 2 - /3 , 193, 193 7 Death is said
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (STATE OR COUNTRY)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  Manner of injury  Nature of injury in any way related to occupation of deceased?  Manner of injury  Nature o	8. Trade, profession, or particular	0-11	Date of onset
12. BIRTHPLACE (CITY OR TOWN)  STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Date of operation  What test confirmed diagnosis? Little  Was there an autopsy? MO  What test confirmed diagnosis? Little  What test confirmed diagnosis? Little  Was there an autopsy? MO  What test confirmed diagnosis? Little  Where did injury occur?  Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  17. INFORMANT  (ADDRESS)  Manner of injury  Nature of injury  18. BURIAL, CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER	9. Industry or business in which work was done, as slik mill, saw mill, bank, etc	Other contributory causes of importan	abe:
What test confirmed diagnosis? Ama. Was there an autopsy? Molecular and the following:  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE MAICENAME  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  What test confirmed diagnosis? Ama. Was there an autopsy? Molecular and success violence), fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? Molecular and the following:  Accident, suicide, or homicide?  Ment did injury occur?  Specify whether injury occurred in Industry, in home, or in public place.  17. INFORMANT  (ADDRESS)  Manner of injury  24. Was disease or injury in any way related to occupation of deceased? Molecular and the following:  Accident, suicide, or homicide?  Ment did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased? Molecular and the following:  Accident, suicide, or homicide?  Ment did injury occur?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Ment did injury occur?  Accident, suicide, or homicide?  Accident, suic	12. BIRTHPLACE (CITY OR TOWN) LETTER CO. (STATE OR COUNTRY)  2. IN NAME	1	7 - 7
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  Manner of injury  DATE  19. UNDERTAKER  19. UNDERTAKER  15. MAIDEN NAME  Accident, suicide, or homicide?  Date of injury  Where did injury occurred.  Specify whether injury occurred in Industry, in home, or in public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  17. INFORMANT  Accident, suicide, or homicide?  Date of injury  Need injury  Nature of injury  19. UNDERTAKER  19. Specify whether injury occurred in Industry, in home, or in public place.  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. Specify  19. UNDERTAKER  19. Specify  19. UNDERTAKER  19. Specify  19. UNDERTAKER	(31/120/100/11/7)	What test confirmed diagnosis?	Was there an autopsy?
Manner of injury.  18. BURIAL, CREMATION, OR REMOVAL  PLACE  PLACE  DATE  19. UNDERTAKER	16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur?	cify city or town, county, and State)
19. UNDERTAKER 1. 3. Some	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
(ADDRESS)  20. FILED & 26. 1937 Mn 9n Shewmake (Address) Called Miles	19. UNDERTAKER S. B. Jones (ADDRESS)  (ADDRESS)  (ADDRESS)  (ADDRESS)  (ADDRESS)  (ADDRESS)	If so, specify	related to occupation of deceased?

